

Division of Workers' Compensation

JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of _____

Name _____

Address (Principal office)				
No.	Street	City	State	Zip

Nature of Business _____

PART I

PART II

Give location of factories, offices, or other working places in MISSOURI and number of employees in each place.	
Address	No. of Employees
Total	

CLASSIFICATIONS AND ANNUAL PAYROLL IN MISSOURI			
Classification Code Description	Class Code	Average Number of Employees	Wages Received Monthly by Each Class of Employee
(Example) Clerical	8810	200	\$2,912,000
Total			

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

(Name of Person Making Report)

(Title or Position)